DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

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A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 33 Number of tenants with cognitive impairment: 23 Total census: 56 Complaint #115810-C was investigated and the following regulatory insufficiencies were identified:	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedures related to medication administration. This pertained to tenants reviewed 1 of 6 tenants reviewed (Tenants #1). Findings follow: 1. Record review on 6/17/24 to 6/19/24 of Tenant #1's file revealed Progress Notes indicated the following: -On 11/9/23 staff entered Tenant #1's apartment for 10:00 p.m. rounds and observed her laying on the floor. She bled from her lower left leg and head. It appeared she rolled out of bed, hit her head on the table, which caused the laceration on the left side of her forehead. Tenant #1's leg	A 150	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 150	Continued From page 1	A 150		

seemed to be under the bed and when she moved it got caught in the bedframe (metal by the wheel of the bed). There was blood and tissue on the area of the bedframe. She was taken to the hospital via ambulance.

-On 11/14/23 Tenant #1 returned back to the Program. Her leg was wrapped and was ordered to changed in three days. She had a bunion that was treated prior to her hospitalization that was not completed while she was hospitalized. She returned with a wound to the right foot, it was red, warm and it was painful for her to stand. She would use a wheelchair for long distances.

-On 11/15/23 orders were received to apply Mepilex to the right foot, change every three days and apply betadine as ordered. Cephalexin 500 milligram (mg), take two capsules, twice daily for 10 days was ordered. Tramadol 50 mg twice daily as needed for 30 days was ordered.

-On 11/15/23 a podiatry visit was completed and a triple antibiotic ointment was applied to the wound bed and covered with Mepilex. It was ordered to restart betadine as ordered tomorrow and cover with a Mepilex foam border.

-On 11/17/23 the left lower leg wound was changed. The area was cleansed with normal saline (NS), Aquacel AG was applied to the open area, it was covered with adaptic and ABD and secured with Kling wrap. The Mepilex dressing was applied to the left medial foot. Betadine was applied to the right bunion wound and it was covered with Mepilex. The daily betadine to the wound was being completed. The note was completed by the Assistant Healthcare Coordinator.

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A 150	Continued From page 2	A 150		

-On 11/20/23 (late entry) the dressing change to the left lower leg and left foot wound were completed. The lower left leg was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. Mepilex dressing was also applied to the left medial foot wound and betadine was applied to the right bunion wound and it was covered. It was noted twice daily betadine was applied to the wound. The note was completed by the Assistant Healthcare Coordinator.

-On 11/22/23 (late entry)Tenant #1 removed the dressing on her left lower leg and she was attempting to remove the staples. The wound cleaned with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/23/23 (late entry) staff reported Tenant #1's dressing was saturated. Her dressing had been removed and the ABD pads were not under the Kling gauze. Tenant #1 said she removed it as it was itching. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/25/23 (late entry) staff reported Tenant #1's dressing was saturated and loose. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/27/23 (late entry) Tenant #1 removed part of the dressing and the wound was dressed again. It was noted the wound had thicker

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A 150	Continued From page 3	A 150		

drainage and purulent without an odor. She cleansed the wound, covered the open areas with Aquacel AG and covered it Adaptic. The lower left leg was wrapped with rolled gauze and secured with tape. A message was left for the wound nurse to call back and the primary care provider (PCP) was updated on the found.

-On 11/28/23 the orthopedic department at the hospital was informed of the changes in the lower left leg wound. She had an appointment tomorrow but it was noted she needed to be seen today and the nurse agreed. The provider could see Tenant #1 now and transportation was available.

-On 11/28/23 Tenant #1 had surgery on 11/30/23 to wash out the wound.

-On 11/30/23Tenant #1 had surgery today for the lower left leg wound, she was admitted and a wound vac was applied to the wound.

Continued record review revealed a Final Report and Clinical Summary documents, hospital discharge summary revealed orders including:

-To the surgical wound left anterior lower leg, cleanse with NS, apply Aquacel AG to open areas on incision, cover the area with adaptic, then ABD and secure with Kling wrap. It was ordered every three days.

-To the right medial 1st metatarsal wound, apply betadine and let dry. At discharge return to prior wound care and follow up with wound clinic. It was ordered twice daily.

-To the lateral left medial foot wound, maintain foam border, change every three days and

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A 150	Continued From page 4	A 150		

maintain bilateral multi podus boots to her bilateral feet.

Further record review revealed the November 2023 medication administration records (MARs) reflected the order for betadine swab sticks, external swab 10% povidine-iodine, apply to right foot bunion, topically, two times per day. Apply betadine to right foot bunion and right 2nd toe pad twice daily until healed. Leave open to air. Staff initialed for the completion of the task.

The MARs did not reflect the routine dressing changes for the lower left leg wound or the left medial foot wound that were documented in Progress Notes and as late entries as noted above. The completion of the wound care was documented as late entries in the nurse's notes; however, was documented on the MAR.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said she completed the dressing changes after the first hospitalization for Tenant #1 and she charted for the completion of wound care but it was not the MAR.

Record review on 6/19/24 of the Program's Medication policy and procedure indicated staff would document their initials on the medication record after administration.

In summary, Tenant #1 fell on 11/9/23 and sustained injuries, including a lower left leg wound and she was hospitalized. She returned on 11/14/23 and returned with wound care orders including for the lower left leg, left medial foot wound and right bunion wound. The order for the lower left leg wound or left medial foot wound were not placed on the MAR and documentation

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A 150	Continued From page 5 for wound care was not recorded on the MAR. The Assistant Healthcare Coordinator documented in nurse's notes the completion of the lower left leg wound as ordered and also as needed on 11/17/23, 11/20/23, 11/22/23, 11/23/23, 11/25/23 and 11/27/23 and all but the entry on 11/17/23 were charted as late entries. The left medial foot was documented once on 11/17/23 and 11/20/23 (late entry). The Program's policy and procedure was not followed related to the documentation of treatments on the MAR.	A 150		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer treatments as ordered. This pertained to 2 of 5 tenant reviewed that had medications managed by the Program (Tenant #1 and Tenant #3). Findings follow: 1. Record review on 6/17/24 to 6/19/24 of Tenant #1's file revealed Progress Notes indicated the following:	A 285		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 285	Continued From page 6	A 285		

-On 11/9/23 staff entered Tenant #1's apartment for 10:00 p.m. rounds and observed her laying on the floor. She was bleeding from her lower left leg and head. It appeared she rolled out of bed, hit her head on the table, which caused the laceration on the left side of her forehead. Tenant #1's leg seemed to be under the bed and when she moved it got caught in the bedframe (metal by the wheel of the bed). There was blood and tissue on the area of the bedframe. She was taken to the hospital via ambulance.

-On 11/14/23 Tenant #1 returned back to the Program. Her leg was wrapped and was ordered to changed in three days. She had a bunion that was treated prior to her hospitalization that was not completed while she was hospitalized. She returned with a wound to the right foot, it was red, warm and it was painful for her to stand. She would use a wheelchair for long distances.

-On 11/15/23 orders were received to apply Mepilex to the right foot, change every three days and apply betadine as ordered. Cephalexin 500 milligram (mg), take two capsules, twice daily for 10 days was ordered. Tramadol 50 mg twice daily as needed for 30 days was ordered.

-On 11/15/23 a podiatry visit was completed and a triple antibiotic ointment was applied to the wound bed and covered with Mepilex. It was ordered to restart betadine as ordered tomorrow and cover with a Mepilex foam border.

-On 11/17/23 the left lower leg wound was changed. The area was cleansed with normal saline (NS), Aquacel AG was applied to the open area, it was covered with adaptic and ABD and secured with Kling wrap. The Mepilex dressing was applied to the left medial foot. Betadine was

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A 285	Continued From page 7	A 285		

applied to the right bunion wound and it was covered with Mepilex. The daily betadine to the wound was being completed. The note was completed by the Assistant Healthcare Coordinator.

-On 11/20/23 (late entry) the dressing change to the left lower leg and left foot wound were completed. The lower left leg was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. Mepilex dressing was also applied to the left medial foot wound and betadine was applied to the right bunion wound and it was covered. It was noted twice daily betadine was applied to the wound. The note was completed by the Assistant Healthcare Coordinator.

-On 11/22/23 (late entry) Tenant #1 removed the dressing on her left lower leg and she was attempting to remove the staples. The wound cleaned with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/23/23 (late entry) staff reported Tenant #1's dressing was saturated. Her dressing had been removed and the ABD pads were not under the Kling gauze. Tenant #1 said she removed it as it was itching. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/25/23 (late entry) staff reported Tenant #1's dressing was saturated and loose. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and

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A 285	Continued From page 8	A 285		

secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/27/23 (late entry) Tenant #1 had removed part of the dressing and the wound was dressing again. It was noted the wound had thicker drainage and purulent without an odor. She cleansed the wound, covered the open areas with Aquacel AG and covered it Adaptic. The lower left leg was wrapped with rolled gauze and secured with tape. A message was left for the wound nurse to call back and the primary care provider (PCP) was updated on the found.

-On 11/28/23 the orthopedic department at the hospital was informed of the changes in the lower left leg wound. She had an appointment tomorrow but it was noted she needed to been today and the nurse agreed. The provider could see Tenant #1 now and transportation was available.

-On 11/28/23 Tenant #1 had surgery on 11/30/23 to wash out the wound.

-On 11/30/23 Tenant #1 had surgery today for the lower left leg wound, she was admitted and a wound vac was applied to the wound.

-On 12/19/23 Tenant #1 returned from the hospital. A home health agency would be coming out twice per week to complete dressing changes for the wound vac and the wound on the posterior ankle. Tenant #1's family was responsible for the wound vac if there were any issues.

Continued record review revealed a Clinical Summary document, hospital discharge summary (11/14/23) revealed orders including:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 285	Continued From page 9	A 285		

-Wound #1 the right medial 1st metatarsal wound, apply betadine twice daily.

-Wound #2 anterior left lower leg, cleanse with NS, apply Aquacel AG to open area, cover with adaptic and then ABD, secure with Kling wrap and change every three days.

-Wound #3 gluteal fold fissure, apply barrier cream as needed

-Wound #4 lateral left medial foot, deep tissue injury, maintain foam border, change every three days. Also maintain multi podus boots to bilateral feet to prevent redness to bilateral heels.

Further record review revealed a Physician's Report/Orders document, dated 11/15/23, indicated the reason for the visit was the right foot bunion and orders were received to apply Mepilex and change every three days and as needed to right foot, cephalexin 500 mg two capsules twice daily for 10 days and Tramadol 50 mg, twice daily as needed for 30 days.

Continued record review revealed the November 2023 medication administration records (MARs) reflected the order for betadine swab sticks, external swab 10% povidine-iodine, apply to right foot bunion, topically, two times per day. Apply betadine to right foot bunion and right 2nd toe pad twice daily until healed. Leave open to air. The MAR reflected the order for the Cephalexin 500 mg, take two capsules by mouth twice per day and Tramadol 50 mg, take one tablet, by mouth every 12 hours as needed.
The November 2023 MARs did not reflect the ordered treatment for anterior left lower leg, to cleanse with NS, apply Aquacel AG to open area, cover with adaptic and then ABD, secure with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 285	Continued From page 10	A 285		

Kling wrap and change every three days. It also did not reflect the gluteal fold fissure and to apply barrier cream as needed or the ordered treatment to the lateral left medial foot, deep tissue injury, maintain foam border, change every three days. The MARs also did not reflect the order to maintain multi podus boots to bilateral feet to prevent redness to bilateral heels.

Staff documented in nurse's notes (see above) the completion of the lower left leg wound as ordered and also as needed on 11/17/23, 11/20/23, 11/22/23, 11/23/23, 11/25/23 and 11/27/23 and all but the entry on 11/17/23 were charted as late entries. The left medial foot was documented once on 11/17/23 and 11/20/23 (late entry). None of orders noted above for the four wounds were transcribed to the MAR. The barrier cream as needed for gluteal fold fissure was not transcribed and was not completed as ordered, the left leg deep tissue injury was documented twice in nurse's notes and was not completed as ordered. Tenant #1 did not receive wound cares ordered.

Further record review revealed the Clinical Summary (discharge summary from the hospital) dated 12/19/23 indicated the following orders:

-The transfer diet was regular with a high calorie/high protein supplement three times daily

-Physical therapy and occupational therapy consults

-Wound #1, leg leg wound, a wound vac would be completed by HHA an family as a backup.

-Wound #2, left leg wound, a deep tissue injury to the left Achilles, cleanse area with Vasche, apply

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 285	Continued From page 11	A 285		

Aquacel AG to the wound bed, cover with gauze and secure with Kling twice per week and as needed. Keep heels and left Achilles off of the bed at all times using pillows or multi podus boots. Ensure heels and feet were not pressed up against or resting against anything hard.

Continued record review revealed the December 2023 MARs did not reflect the orders for the protein supplement three times per day as ordered. Tenant #1 did not receive the supplement three times daily as ordered.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #1 moved in and fell within two days of being there. She sustained a wound to her left and went to the hospital. Tenant #1 returned and she completed the dressing for the leg wound. Her wound started to not look very good and she had appointment. They ended up opening it up and placing a wound vac and she was hospitalized for quite awhile. She returned and HHA completed the wound vac care until April. She said looking at the orders she focused on the bigger wound and confirmed the other wound care orders were on the MAR and were not completed as ordered.

2. Record review on 6/17/24 to 6/19/24 of Tenant #3's file revealed diagnoses included: alcohol dependence, posterior reversible encephalopathy syndrome (PRES), other encephalitis and encephalomyelitis, cortical blindness and cerebral ischemia. Tenant #3 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Progress Notes revealed the following:

-On 9/26/23 an acute follow up visit (PCP) was completed and indicated she had PRES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 285	Continued From page 12	A 285		

syndrome, had significant cognitive impairment and required 24 hours supervision. She also had dementia and it was likely due to alcohol. She had epilepsy. The plan indicated could have 18 ounces of wine every evening as needed and to encourage cessation.

-On 10/26/23 (an encounter note with PCP) the PCP spoke with Tenant #3's family regarding Tenant #3's history, alcohol use, brain injury, seizure disorders and medications. Tenant #3 was drinking 18 ounces of wine nightly and nursing staff indicated she "slams" the wine when she received it. She was typically intoxicated nightly. Nursing staff reported she was hyper-sexual and was found in other tenants' apartments. The PCP advised family to follow up with the neurologist regarding safety concerns and medications. An order was given to reduce her alcohol to not more than 9 ounces per night.

-On 11/4/23 staff reported Tenant #3 had a seizure and family took Tenant #3 to the hospital via car. Staff reported the night prior she might have been in a male tenant's apartment drinking. Staff said she acted intoxicated, very emotional and answered the door without wearing clothing and was stumbling.

-On 11/5/23 staff reported Tenant #3 was back in the building.

-On 11/7/23 a visit was completed related to an ED visit (PCP). Tenant #3 was in the hospital for observation on 11/4/23. She had a seizure and taken to the ED by family. Her alcohol as recently reduced from 18 ounces to 9 and family requested 14 ounces per day. It was discussed that Tenant #3 should not be getting alcohol from other tenants. The plan indicated Tenant #3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 285	Continued From page 13 could have 14 ounces of alcohol in a 24 hour period. When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #3 could consume 14 ounces of alcohol in a 24 hour period. Staff used a measuring cup and provided her two glasses. It was documented on the MAR and staff kept the alcohol in their office. When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #3 had an order for two 7 ounce glasses of wine. She said with Tenant #3's medications she should not be drinking. Continued record review revealed the October, November and December 2023 MARs reflected Tenant #3 consistently consumed alcohol as ordered and staff initialed when it was provided as ordered. The May and June 2024 MARs reflected Tenant #3 consumed alcohol as listed on the MAR and staff initialed when it was provided as ordered. The January, February, March and April 2024 MARs did not reflect the order for alcohol or staff documentation of the as needed provision of alcohol as ordered. 3. When interviewed on 6/19/24 at 9:33 a.m. the Community Director confirmed all orders and MARs were provided for the tenants reviewed.	A 285		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 14	A 145		

eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 3 of 6 tenants reviewed (Tenants #1, #3 and #5). Findings follow:

1. Record review on 6/17/24 to 6/19/24 of Tenant #1's file revealed Progress Notes indicated the following:

-On 11/9/23 staff entered Tenant #1's apartment for 10:00 p.m. rounds and observed her laying on the floor. She was bleeding from her lower left leg and head. It appeared she rolled out of bed, hit her head on the table, which caused the laceration on the left side of her forehead. Tenant #1's leg seemed to be under the bed and when she moved it got caught in the bedframe (metal by the wheel of the bed). There was blood and tissue on the area of the bedframe. She was taken to the hospital via ambulance.

-On 11/14/23 Tenant #1 returned back to the Program. Her leg was wrapped and was ordered to changed in three days. She had a bunion that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 15	A 145		

was treated prior to her hospitalization that was not completed while she was hospitalized. She returned with a wound to the right foot, it was red, warm and it was painful for her to stand. She would use a wheelchair for long distances.

-On 11/15/23 orders were received to apply Mepilex to the right foot, change every three days and apply betadine as ordered. Cephalexin 500 milligram (mg), take two capsules, twice daily for 10 days was ordered. Tramadol 50 mg twice daily as needed for 30 days was ordered.

-On 11/15/23 a podiatry visit was completed and a triple antibiotic ointment was applied to the wound bed and covered with Mepilex. It was ordered to restart betadine as ordered tomorrow and cover with a Mepilex foam border.

-On 11/17/23 the left lower leg wound was changed. The area was cleansed with normal saline (NS), Aquacel AG was applied to the open area, it was covered with adaptic and ABD and secured with Kling wrap. The Mepilex dressing was applied to the left medial foot. Betadine was applied to the right bunion wound and it was covered with Mepilex. The daily betadine to the wound was being completed. The note was completed by the Assistant Healthcare Coordinator.

-On 11/20/23 (late entry) the dressing change to the left lower leg and left foot wound were completed. The lower left leg was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. Mepilex dressing was also applied to the left medial foot wound and betadine was applied to the right bunion wound and it was covered. It was noted twice daily betadine was applied to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 16	A 145		

wound. The note was completed by the Assistant Healthcare Coordinator.

-On 11/22/23 (late entry) Tenant #1 removed the dressing on her left lower leg and she was attempting to remove the staples. The wound cleaned with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/23/23 (late entry) staff reported Tenant #1's dressing was saturated. Her dressing had been removed and the ABD pads were not under the Kling gauze. Tenant #1 said she removed it as it was itching. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/25/23 (late entry) it was noted staff reported Tenant #1's dressing was saturated and loose. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/27/23 (late entry) Tenant #1 had removed part of the dressing and the wound was dressing again. It was noted the wound had thicker drainage and purulent without an odor. She cleansed the wound, covered the open areas with Aquacel AG and covered it Adaptic. The lower left leg was wrapped with rolled gauze and secured with tape. A message was left for the wound nurse to call back and the primary care provider (PCP) was updated on the found.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 17	A 145		

-On 11/28/23 the orthopedic department at the hospital was informed of the changes in the lower left leg wound. She had an appointment tomorrow but it was noted she needed to been today and the nurse agreed. The provider could see Tenant #1 now and transportation was available.

-On 11/28/23 Tenant #1 had surgery on 11/30/23 to wash out the wound.

-On 11/30/23 Tenant #1 had surgery today for the lower left leg wound, she was admitted and a wound vac was applied to the wound.

-On 12/19/23 Tenant #1 returned from the hospital. A home health agency would be coming out twice per week to complete dressing changes for the wound vac and the wound on the posterior ankle. Tenant #1's family was responsible for the wound vac if there were any issues.

-6/13/24 Tenant #1 was had an appointment, she had increased edema in her legs. New orders were received including for cephalexin 500 mg, three times daily for seven days for cellulitis of the right leg. Wound care was managed by the wound clinic and her family.

Continued record review revealed a Clinical Summary document, hospital discharge summary (11/14/23) revealed orders including:

-Wound #1 the right medial 1st metatarsal wound, apply betadine twice daily.

-Wound #2 anterior left lower leg, cleanse with NS, apply Aquacel AG to open area, cover with adaptic and then ABD, secure with Kling wrap and change every three days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 18 -Wound #3 gluteal fold fissure, apply barrier cream as needed -Wound #4 lateral left medial foot, deep tissue injury, maintain foam border, change every three days. Also maintain multi podus boots to bilateral feet to prevent redness to bilateral heels. Further record review revealed a Physician's Report/Orders document dated 11/15/23 indicated the reason for the visit was the right foot bunion and orders were received to apply Mepilex and change every three days and as needed to right foot, cephalexin 500 mg two capsules twice daily for 10 days and Tramadol 50 mg, twice daily as needed for 30 days. Continued record review revealed the Clinical Summary (discharge summary from the hospital), dated 12/19/23, indicated the following orders: -The transfer diet was regular with a high calorie/high protein supplement three times daily -Physical therapy and occupational therapy consults -Wound #1, leg leg wound, a wound vac would be completed by HHA an family as a backup. -Wound #2, left leg wound, a deep tissue injury to the left Achilles, cleanse area with Vasche, apply Aquacel AG to the wound bed, cover with gauze and secure with Kling twice per week and as needed. Keep heels and left Achilles off of the bed at all times using pillows or multi podus boots. Ensure heels and feet were not pressed up against or resting against anything hard.	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 19	A 145		

Further record review revealed a 90 day nurse review, dated 6/9/24, indicated Tenant #1 had times of increased confusion, she refused medications and looked for her children. Family helped to try to convince her to take medications and to reassure her she was safe. The wound on the right lower leg was healed.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #1 moved in and fell within two days of being there. She sustained a wound to her left and went to the hospital. Tenant #1 returned and she completed the dressing for the leg wound. Her wound started to not look very good and she had appointment. They ended up opening it up and placing a wound vac and she was hospitalized for quite awhile. She returned and HHA completed the wound vac care until 4/1/24 when Tenant #1's family began to provide the care.

Further record review revealed evaluations were completed on 11/14/23 and 1/6/24. Evaluations were not completed as needed with significant change in December 2023, post hospitalization with wound vac placement, orders for PT/OT, a dietary supplement and wound cares provided by a HHA. Evaluations were was also not updated as needed with significant change related to the change in the provision of wound cares from the HHA to Tenant #1's family, which occurred on 4/1/24. Evaluations were also not completed related to Tenant #1's increased confusion, behaviors and refusals of medications.

2. Record review on 6/17/24 to 6/19/24 of Tenant #3's file revealed diagnoses included: alcohol dependence, posterior reversible encephalopathy syndrome (PRES), other encephalitis and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 20	A 145		

encphalomyelitis, cortical blindness and cerebral ischemia. Tenant #3 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline.

When interviewed on 6/17/24 at 3:14 p.m. Staff C said when Tenant #3 consumed alcohol she made allegations about other tenants touching her inappropriately. She was told by Staff D, that three weeks ago Tenant #1 said Tenant #4 came into her apartment, pushed her down and groped her breast.

When interviewed on 6/18/24 at 12:50 p.m. Staff D said Tenant #1 was upset because Tenant #4 came into her apartment and he wanted to lay in bed with her. She said it occurred last week. Staff D said Tenant #1 was upset. She said there was no physical touching between them. She did not report it and did not document it. Staff D said she was not sure if was true.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #3 had sexual relationships with Tenants #2, #4 and #6. She said Tenant #3 did not like Tenant #4 coming into her apartment, a couple months ago he came into her apartment and he left when she asked him to. Staff reported yesterday that on Saturday, Tenant #3 told her Tenant #4 came into her apartment. She said there was an internal investigation in process related to it. She said Tenant #3 could consume 14 ounces of alcohol in a 24 hour period. Staff used a measuring cup and provided her two glasses. It was documented on the MAR and staff kept the alcohol in their office.

When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #3 was one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 21	A 145		

that liked the attention of men and she did not know how far it went. She walked into the apartment and saw sitting on Tenant #2's lap on the couch. She knew Tenant #3 went to see Tenant #4 in his apartment. She thought it was sexual in nature but not sure the extent of the sexual relationship. Tenant #3 had an order for two 7 ounce glasses of wine. She said with Tenant #3's medications she should not be drinking.

When interviewed on 6/19/24 at 9:33 a.m. the Community Director said Tenant #3 had a sexual relationship with Tenants #2, #4 and #6. He was not sure if the relationship was current between Tenant #3 and Tenant #6 but it was between Tenant #3 and Tenants #2 and #4. He said yesterday Staff A reported Tenant #4 went to Tenant #3's apartment for a sexual encounter and she said no. It was not documented yet and they were still trying to figure it out.

Continued record review of Tenant #3's file indicated Progress Notes revealed the following:

-On 9/26/23 an acute follow up visit (PCP) was completed and indicated she had PRES syndrome, had significant cognitive impairment and required 24 hours supervision. She also had dementia and it was likely due to alcohol. She had epilepsy. The plan indicated could have 18 ounces of wine every evening as needed and to encourage cessation.

-On 10/25/23 it was noted staff reported Tenant #3 was consuming both cups of wine when she received it and was weaving when she walked. It was also noted Tenant #3 became emotional and upset with staff about the amount of wine she received. There were several emails and calls to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 22	A 145		

Tenant #3's family related to concerns with her anti-seizure medication and alcohol. Tenant #3's family indicated if staff tried to cut down her wine it would be a physical problem for the staff.

-On 10/25/23 it was noted the plan for the next week was to give Tenant #3 her two cups of wine; however, not at the same time.

-On 10/26/23 it was noted (an encounter note with PCP) the PCP spoke with Tenant #3's family regarding Tenant #3's history, alcohol use, brain injury, seizure disorders and medications. Tenant #3 was drinking 18 ounces of wine nightly and nursing staff indicated she "slams" the wine when she received it. She was typically intoxicated nightly. Nursing staff reported she was hyper-sexual and was found in other tenants' apartments. The PCP advised family to follow up with the neurologist regarding safety concerns and medications. An order was given to reduce her alcohol to not more than 9 ounces per night.

-On 11/4/23 it was noted staff reported Tenant #3 had a seizure and family took Tenant #3 to the hospital via car. Staff reported the night prior she might have been in a male tenant's apartment drinking. Staff said she acted intoxicated, very emotional and answered the door without wearing clothing and was stumbling.

-On 11/5/23 it was noted staff reported Tenant #3 was back in the building.

-On 11/7/23 it was noted a visit was completed related to an ED visit (PCP). Tenant #3 was in the hospital for observation on 11/4/23. She had a seizure and taken to the ED by family. Her alcohol as recently reduced from 18 ounces to 9 and family requested 14 ounces per day. It was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 23	A 145		

discussed that Tenant #3 should not be getting alcohol from other tenants. The plan indicated Tenant #3 could have 14 ounces of alcohol in a 24 hour period.

-On 2/11/24 it was noted staff reported Tenant #3 fell. She had consumed wine that evening, one glass at 5:30 p.m. and one glass at 6:00 p.m.

Further record review revealed the October, November and December 2023 MARs reflected Tenant #3 consistently consumed alcohol as ordered. The May and June 2024 MARs reflected Teat #3 consumed alcohol as listed on the MAR.

Continued record review revealed evaluations were completed on 9/30/23, 11/7/23 and 1/15/24. The evaluations did not reflect the significant changes of condition for Tenant #3 reflect alcohol consumption including at times to intoxication and concerns related to her alcohol consumption and medications administered by the Program. The service plan also failed to reflect she was in sexual relationships with three male tenant.

3. Record review on 6/17/24 to 6/19/24 of Tenant #5's file revealed Progress Notes indicated the following:

-On 1/4/24 new orders were received including Zyrtec 10 mg by mouth daily for itching.

-On 2/14/24 Tenant #5's pain caused him to become aggressive. He was prescribed Tramadol 50 mg, take one tablet, every six hours as needed. He was also itching his arms and legs a lot. He would scratch them until they bled. Cerave lotion was recommended.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 24	A 145		

-On 3/29/24 the PCP rounded and Tenant #5 had complaints of itching. An order was received for Cetirizine 5 mg, daily for itching.

-On 4/17/24 the PCP rounded and a follow up was completed related to the itchy skin. Tenant #5 continued to itch his arms and leg. Cetirizine was started in March and there was no improvement. Recommendations included to discontinue cetirizine, apply Cerave to legs and arms daily after showers and apply Silvadene cream to leg scabs and ulcers daily for 30 days.

Continued record review revealed an Encounter-Office visit note, dated 5/15/24, indicated he continued to have an macular papular excoriated rash on his legs and distal upper extremities. An order was received for Triamcinolone cream for dermatitis.

An Encounter-Telephone Encounter, dated 5/24/24, indicated time was spent messaging with Program staff and Tenant #5 had a history of significant itching and stasis dermatitis, he had current cellulitis on this legs. He had a sore that was about 1 to 1 and half inches with surrounding erythema and was warm to touch. Nursing staff was concerned there was an infection. An order was received for cephalexin 500 mg, take by mouth every 12 hours for 10 days for cellulitis.

When interviewed on 6/17/24 at 3:14 p.m. Staff C said Tenant #5 had been violent at night and had outbursts. There were no injuries. She said he was covered in scabs, scratched his arms and legs and it was all over. She said it was getting bad and it had been going on for three months. She said he was bleeding all over the place. There was blood from the open wounds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 145	Continued From page 25 When interviewed on 6/18/24 at 12:50 p.m. Staff D said Tenant #5 was constantly itching. There was a lotion staff put on him. He itched until he bled. When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #5 had a lotion to be applied to his arms and legs. The itching started about three months ago. He had scabs and had open area on his left lower leg and was on an antibiotic. She said regarding infection control, staff have him wash his hands before he comes out and take care it right away. When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #5 had itching and the last time the PCP indicated it was likely eczema and he was prescribed Cerave cream. There was a area about the size of a quarter on his leg that was open. The PCP was contacted that morning and was informed the cream was not helping. She said it was not a rash but looked like very dry skin and was on his arms and legs. Staff tried to get him to wash his hands and wiped off the tables. Continued record review revealed a comprehensive evaluation was dated 10/11/23. Evaluations were not completed as needed when Tenant #5 started itching to his bilateral arms and legs, and received new orders for oral medications and topical treatments and developed an open area that required antibiotic treatment. 4. When interviewed on 6/19/24 at 9:33 a.m. the Community Director confirmed all evaluations were provided for the tenants reviewed.	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 26	A 350		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations, failed to update service plans as needed and at least annually, and failed to have service plans reflect the service needs of the tenants. This pertained to six of six tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6). Findings follow: 1. Record review on 6/17/24 to 6/19/24 of Tenant #1's file revealed Progress Notes indicated the following: -On 11/9/23 staff entered Tenant #1's apartment for 10:00 p.m. rounds and observed her laying on the floor. She was bleeding from her lower left leg and head. It appeared she rolled out of bed, hit her head on the table, which caused the laceration on the left side of her forehead. Tenant #1's leg seemed to be under the bed and when she moved it got caught in the bedframe (metal by the wheel of the bed). There was blood and tissue on the area of the bedframe. She was	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

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A 350	Continued From page 27 taken to the hospital via ambulance. -On 11/14/23 Tenant #1 returned back to the Program. Her leg was wrapped and was ordered to changed in three days. She had a bunion that was treated prior to her hospitalization that was not completed while she was hospitalized. She returned with a wound to the right foot, it was red, warm and it was painful for her to stand. She would use a wheelchair for long distances. -On 11/15/23 orders were received to apply Mepilex to the right foot, change every three days and apply betadine as ordered. Cephalexin 500 milligram (mg), take two capsules, twice daily for 10 days was ordered. Tramadol 50 mg twice daily as needed for 30 days was ordered. -On 11/15/23 a podiatry visit was completed and a triple antibiotic ointment was applied to the wound bed and covered with Mepilex. It was ordered to restart betadine as ordered tomorrow and cover with a Mepilex foam border. -On 11/17/23 the left lower leg wound was changed. The area was cleansed with normal saline (NS), Aquacel AG was applied to the open area, it was covered with adaptic and ABD and secured with Kling wrap. The Mepilex dressing was applied to the left medial foot. Betadine was applied to the right bunion wound and it was covered with Mepilex. The daily betadine to the wound was being completed. The note was completed by the Assistant Healthcare Coordinator. -On 11/20/23 (late entry) the dressing change to the left lower leg and left foot wound were completed. The lower left leg was cleansed with NS, Aquacel AG was applied, it was covered with	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 28	A 350		

adaptic and ABD and secured with Kling wrap. Mepilex dressing was also applied to the left medial foot wound and betadine was applied to the right bunion wound and it was covered. It was noted twice daily betadine was applied to the wound. The note was completed by the Assistant Healthcare Coordinator.

-On 11/22/23 (late entry) Tenant #1 removed the dressing on her left lower leg and she was attempting to remove the staples. The wound cleaned with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/23/23 (late entry) staff reported Tenant #1's dressing was saturated. Her dressing had been removed and the ABD pads were not under the Kling gauze. Tenant #1 said she removed it as it was itching. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/25/23 (late entry) staff reported Tenant #1's dressing was saturated and loose. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/27/23 (late entry) Tenant #1 had removed part of the dressing and the wound was dressing again. It was noted the wound had thicker drainage and purulent without an odor. She cleansed the wound, covered the open areas with Aquacel AG and covered it Adaptic. The lower left leg was wrapped with rolled gauze and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 29	A 350		

secured with tape. A message was left for the wound nurse to call back and the primary care provider (PCP) was updated on the found.

-On 11/28/23 the orthopedic department at the hospital was informed of the changes in the lower left leg wound. She had an appointment tomorrow but it was noted she needed to been today and the nurse agreed. The provider could see Tenant #1 now and transportation was available.

-On 11/28/23 Tenant #1 had surgery on 11/30/23 to wash out the wound.

-On 11/30/23 Tenant #1 had surgery today for the lower left leg wound, she was admitted and a wound vac was applied to the wound.

-On 12/19/23 Tenant #1 returned from the hospital. A home health agency would be coming out twice per week to complete dressing changes for the wound vac and the wound on the posterior ankle. Tenant #1's family was responsible for the wound vac if there were any issues.

-6/13/24 Tenant #1 was had an appointment, she had increased edema in her legs. New orders were received including for cephalexin 500 mg, three times daily for seven days for cellulitis of the right leg. Wound care was managed by the wound clinic and her family.

Continued record review revealed a Clinical Summary document, hospital discharge summary (11/14/23) revealed orders including:

-Wound #1 the right medial 1st metatarsal wound, apply betadine twice daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 30	A 350		

-Wound #2 anterior left lower leg, cleanse with NS, apply Aquacel AG to open area, cover with adaptic and then ABD, secure with Kling wrap and change every three days.

-Wound #3 gluteal fold fissure, apply barrier cream as needed

-Wound #4 lateral left medial foot, deep tissue injury, maintain foam border, change every three days. Also maintain multi podus boots to bilateral feet to prevent redness to bilateral heels.

Further record review revealed a Physician's Report/Orders document dated 11/15/23 indicated the reason for the visit was the right foot bunion and orders were received to apply Mepilex and change every three days and as needed to right foot, cephalexin 500 mg two capsules twice daily for 10 days and Tramadol 50 mg, twice daily as needed for 30 days.

Continued record review revealed the Clinical Summary (discharge summary from the hospital) dated 12/19/23 indicated the following orders:

-The transfer diet was regular with a high calorie/high protein supplement three times daily

-Physical therapy and occupational therapy consults

-Wound #1, leg leg wound, a wound vac would be completed by HHA an family as a backup.

-Wound #2, left leg wound, a deep tissue injury to the left Achilles, cleanse area with Vasche, apply Aquacel AG to the wound bed, cover with gauze and secure with Kling twice per week and as needed. Keep heels and left Achilles off of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 31	A 350		

bed at all times using pillows or multi podus boots. Ensure heels and feet were not pressed up against or resting against anything hard.

Further record review revealed a 90 day nurse review dated 6/9/24 indicated had times of increased confusion, she refused medications and looked for her children. Family helped to try to convince her to take medications and to reassure her she was safe. The wound on the right lower leg was healed.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #1 moved in and fell within two days of being there. She sustained a wound to her left and went to the hospital. Tenant #1 returned and she completed the dressing for the leg wound. Her wound started to not look very good and she had appointment. They ended up opening it up and placing a wound vac and she was hospitalized for quite awhile. She returned and HHA completed the wound vac care until 4/1/24 when Tenant #1's family began to provide the care.

Further record review revealed service plans were dated 11/8/23 (admission) and 1/16/24. The service plan was not updated as needed with significant changes in November post hospitalization and new orders for wound care. The service plan was also not updated as needed with significant change in December 2023, post hospitalization with wound vac placement, orders for PT/OT, a dietary supplement and wound cares provided by a HHA. The service plan was also not updated as needed with significant change related to the change in the provision of wound cares from the HHA to Tenant #1's family, which occurred on 4/1/24. The service plan was also not updated to reflect Tenant #1's increased

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 32	A 350		

confusion, behaviors and refusals of medications.

2. Record review on 6/17/24 to 6/19/24 of Tenant #2's file revealed a service plan dated 1/18/24.

When interviewed on 6/17/24 at 1:01 p.m. Staff B said Tenant #3 was all over some of the male tenants and kissed them. She had been in a couple of apartments, including Tenant #2.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #3 had sexual relationships with Tenants #2, #4 and #6.

When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #3 was one that liked the attention of men and she did not know how far it went. She walked into the apartment and saw sitting on Tenant #2's lap on the couch. She knew Tenant #3 went to see Tenant #4 in his apartment. She thought it was sexual in nature but not sure the extent of the sexual relationship.

When interviewed on 6/19/24 at 9:33 a.m. the Community Director said Tenant #3 had a sexual relationship with Tenants #2, #4 and #6. He was not sure if the relationship was current between Tenant #3 and Tenant #6 but it was between Tenant #3 and Tenants #2 and #4.

Continued record review revealed Tenant #2's service plan did not reflect the intimate relationship with Tenant #3.

Further record review revealed an annual service plan was dated 10/25/22 and was based on evaluations. A service plan was dated 10/13/23; however, was not based on evaluations. An

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 33	A 350		

annual service plan was dated 1/18/24; which was greater than a year from 10/25/22. Tenant #2 did not have service plans that were updated at least annually and were based on evaluations.

3. Record review on 6/17/24 to 6/19/24 of Tenant #3's file revealed diagnoses included: alcohol dependence, posterior reversible encephalopathy syndrome (PRES), other encephalitis and encephalomyelitis, cortical blindness and cerebral ischemia. Tenant #3 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline.

When interviewed on 6/17/24 at 3:14 p.m. Staff C said when Tenant #3 consumed alcohol she made allegations about other tenants touching her inappropriately. She was told by Staff D, that three weeks ago Tenant #1 said Tenant #4 came into her apartment, pushed her down and groped her breast.

When interviewed on 6/18/24 at 12:50 p.m. Staff D said Tenant #1 was upset because Tenant #4 came into her apartment and he wanted to lay in bed with her. She said it occurred last week. Staff D said Tenant #1 was upset. She said there was no physical touching between them. She did not report it and did not document it. Staff D said she was not sure if was true.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #3 had sexual relationships with Tenants #2, #4 and #6. She said Tenant #3 did not like Tenant #4 coming into her apartment, a couple months ago he came into her apartment and he left when she asked him to. Staff reported yesterday that on Saturday, Tenant #3 told her Tenant #4 came into her apartment. She said there was an internal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 34	A 350		

investigation in process related to it. She said Tenant #3 could consume 14 ounces of alcohol in a 24 hour period. Staff used a measuring cup and provided her two glasses. It was documented on the MAR and staff kept the alcohol in their office.

When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #3 was one that liked the attention of men and she did not know how far it went. She walked into the apartment and saw sitting on Tenant #2's lap on the couch. She knew Tenant #3 went to see Tenant #4 in his apartment. She thought it was sexual in nature but not sure the extent of the sexual relationship. Tenant #3 had an order for two 7 ounce glasses of wine. She said with Tenant #3's medications she should not be drinking.

When interviewed on 6/19/24 at 9:33 a.m. the Community Director said Tenant #3 had a sexual relationship with Tenants #2, #4 and #6. He was not sure if the relationship was current between Tenant #3 and Tenant #6 but it was between Tenant #3 and Tenants #2 and #4. He said yesterday Staff A reported Tenant #4 went to Tenant #3's apartment for a sexual encounter and she said no. It was not documented yet and they were still trying to figure it out.

Continued record review of Tenant #3's file indicated Progress Notes revealed the following:

-On 9/26/23 an acute follow up visit (PCP) was completed and indicated she had PRES syndrome, had significant cognitive impairment and required 24 hours supervision. She also had dementia and it was likely due to alcohol. She had epilepsy. The plan indicated could have 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 35	A 350		

ounces of wine every evening as needed and to encourage cessation.

-On 10/25/23 staff reported Tenant #3 was consuming both cups of wine when she received it and was weaving when she walked. It was also noted Tenant #3 became emotional and upset with staff about the amount of wine she received. There were several emails and calls to Tenant #3's family related to concerns with her anti-seizure medication and alcohol. Tenant #3's family indicated if staff tried to cut down her wine it would be a physical problem for the staff.

-On 10/25/23 the plan for the next week was to give Tenant #3 her two cups of wine; however, not at the same time.

-On 10/26/23 (an encounter note with PCP) the PCP spoke with Tenant #3's family regarding Tenant #3's history, alcohol use, brain injury, seizure disorders and medications. Tenant #3 was drinking 18 ounces of wine nightly and nursing staff indicated she "slams" the wine when she received it. She was typically intoxicated nightly. Nursing staff reported she was hyper-sexual and was found in other tenants' apartments. The PCP advised family to follow up with the neurologist regarding safety concerns and medications. An order was given to reduce her alcohol to not more than 9 ounces per night.

-On 11/4/23 staff reported Tenant #3 had a seizure and family took Tenant #3 to the hospital via car. Staff reported the night prior she might have been in a male tenant's apartment drinking. Staff said she acted intoxicated, very emotional and answered the door without wearing clothing and was stumbling.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 36	A 350		

-On 11/5/23 staff reported Tenant #3 was back in the building.

-On 11/7/23 a visit was completed related to an ED visit (PCP). Tenant #3 was in the hospital for observation on 11/4/23. She had a seizure and taken to the ED by family. Her alcohol as recently reduced from 18 ounces to 9 and family requested 14 ounces per day. It was discussed that Tenant #3 should not be getting alcohol from other tenants. The plan indicated Tenant #3 could have 14 ounces of alcohol in a 24 hour period.

-On 2/11/24 staff reported Tenant #3 fell. She had consumed wine that evening, one glass at 5:30 p.m. and one glass at 6:00 p.m.

Further record review revealed the October, November and December 2023 MARs reflected Tenant #3 consistently consumed alcohol as ordered. The June 2024 MAR reflected Tenant #3 consumed alcohol as listed on the MAR.

Continued record review revealed the service plans were 9/25/23 and 1/16/24. The service plan dated 1/16/24 reflected staff administered her medications and had moderate substance use issues. The service plans were not updated as needed and did not reflect alcohol consumption including at times to intoxication, the amount of alcohol allowed by order, that she had been seen drinking in another male tenant's apartment and concerns related to her alcohol consumption and medications administered by the Program. The service plan also did reflect that she was in sexual relationships with three male tenant or her history of seizures.

4. Record review on 6/17/24 to 6/19/24 of Tenant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 37 #4's file revealed a service plan dated 12/12/23. When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #3 had sexual relationships with Tenants #2, #4 and #6. When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #3 was one that liked the attention of men and she did not know how far it went. She walked into the apartment and saw sitting on Tenant #2's lap on the couch. She knew Tenant #3 went to see Tenant #4 in his apartment. She thought it was sexual in nature but not sure the extent of the sexual relationship. When interviewed on 6/19/24 at 9:33 a.m. the Community Director said Tenant #3 had a sexual relationship with Tenants #2, #4 and #6. He was not sure if the relationship was current between Tenant #3 and Tenant #6 but it was between Tenant #3 and Tenants #2 and #4. Continued record review revealed Tenant #4's service plan did not reflect the intimate relationship with Tenant #3. 5. Record review on 6/17/24 to 6/19/24 of Tenant #5's file revealed Progress Notes indicated the following: -On 1/4/24 new orders were received including Zyrtec 10 mg by mouth daily for itching. -On 2/14/24 Tenant #5's pain caused him to become aggressive. He was prescribed Tramadol 50 mg, take one tablet, every six hours as needed. He was also itching his arms and legs a lot. He would scratch them until they bled.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 38	A 350		

CeraVe lotion was recommended.

-On 3/29/24 the PCP rounded and Tenant #5 had complaints of itching. An order was received for Cetirizine 5 mg, daily for itching.

-On 4/17/24 the PCP rounded and a follow up was completed related to the itchy skin. Tenant #5 continued to itch his arms and leg. Cetirizine was started in March and there was no improvement. Recommendations included to discontinue cetirizine, apply CeraVe to legs and arms daily after showers and apply Silvadene cream to leg scabs and ulcers daily for 30 days.

Continued record review revealed an Encounter-Office visit note dated 5/15/24 indicated he continued to have an macular papular excoriated rash on his legs and distal upper extremities. An order was received for Triamcinalone cream for dermatitis.

An Encounter-Telephone Encounter dated 5/24/24 indicated time was spent messaging with Program staff and Tenant #5 had a history of significant itching and stasis dermatitis, he had current cellulitis on this legs. He had a sore that was about 1 to 1 and half inches with surrounding erythema and was warm to touch. Nursing staff was concerned there was an infection. An order was received for cephalexin 500 mg, take by mouth every 12 hours for 10 days for cellulitis.

When interviewed on 6/17/24 at 3:14 p.m. Staff C said Tenant #5 had been violent at night and had outbursts. There were no injuries. She said he was covered in scabs, scratched his arms and legs and it was all over. She said it was getting bad and it had been going on for three months. She said he was bleeding all over the place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

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A 350	Continued From page 39 There was blood from the open wounds. When interviewed on 6/18/24 at 12:50 p.m. Staff D said Tenant #5 was constantly itching. There was a lotion staff put on him. He itched until he bled. When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #5 had a lotion to be applied to his arms and legs. The itching started about three months ago. He had scabs and had open area on his left lower leg and was on an antibiotic. She said regarding infection control, staff have him wash his hands before he comes out and take care it right away. When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #5 had itching and the last time the PCP indicated it was likely eczema and he was prescribed CeraVe cream. There was a area about the size of a quarter on his leg that was open. The PCP was contacted that morning and was informed the cream was not helping. She said it was not a rash but looked like very dry skin and was on his arms and legs. Staff tried to get him to wash his hands and wiped off the tables. Continued record review revealed a service plan was dated 12/12/23. The service plan was not updated as needed when Tenant #5 started itching to his bilateral arms and legs and the new orders for oral medications and topical treatments. It also did not reflect Tenant #5's history of cellulitis and the open area on his leg that required antibiotic treatment. The service plan not reflect instructions for staff related to infection control and Tenant #5's bleeding. The service plan also did not reflect Tenant #5's behavior at times as noted in interview and	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 350	Continued From page 40 nurse's notes. 6. Record review on 6/19/24 of Tenant #6's file revealed a service plan dated 11/7/23. When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #3 had sexual relationships with Tenants #2, #4 and #6. When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #3 was one that liked the attention of men and she did not know how far it went. She walked into the apartment and saw sitting on Tenant #2's lap on the couch. She knew Tenant #3 went to see Tenant #4 in his apartment. She thought it was sexual in nature but not sure the extent of the sexual relationship. When interviewed on 6/19/24 at 9:33 a.m. the Community Director said Tenant #3 had a sexual relationship with Tenants #2, #4 and #6. He was not sure if the relationship was current between Tenant #3 and Tenant #6 but it was between Tenant #3 and Tenants #2 and #4. Continued record review revealed Tenant #6's service plan did not reflect the intimate relationship with Tenant #3. 7. When interviewed on 6/19/24 at 9:33 a.m. the Community Director confirmed all service plans were provided for the tenants reviewed.	A 350		
A 390	481-69.26(3)e Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be	A 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 390	Continued From page 41 updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain signed service plans annually. This pertained to 6 of 6 tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6). Findings follow: 1. Record review on 6/17/24 to 6/19/14 of Tenant #1's file revealed a service plan was dated 1/16/24. It indicated it was an annual service plan. The service plan provided lacked signatures of the healthcare or human service professional and Tenant #1 or Tenant #1's legal representative as applicable. 2. Record review on 6/17/24 and 6/19/24 of Tenant #2's file revealed a service plans were dated 10/25/22, 10/13/23 and 1/18/24. The service plans dated 10/15/22 and 1/18/24 were noted as annual service plans. The service plans lacked signatures of the healthcare or human service professional and Tenant #2 or Tenant #2's legal representative as applicable. 3. Record review on 6/17/24 to 6/19/24 of Tenant #3's file revealed a service plan was dated 1/16/24. The service plan was noted as an annual service plan. The service plans lacked signatures of the healthcare or human service professional and Tenant #3 or Tenant #3's legal representative as applicable.	A 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 390	Continued From page 42 4. Record review on 6/17/24 to 6/19/24 of Tenant #4's file revealed a service plan was dated 12/12/23. The service plan was lack signatures of the healthcare or human service professional and Tenant #4 or Tenant #4's legal representative as applicable. 5. Record review on 6/17/24 to 6/19/24 of Tenant #5's file revealed a service plan was dated 12/12/23. The service plan was noted an annual service plan. The service plan lacked signatures of the healthcare or human service professional and Tenant #5 or Tenant #5's legal representative as applicable. 6. Record review on 6/17/24 to 6/19/24 of Tenant #6's file revealed a service plan dated 11/7/23. The service plan was noted as an annual service plan. The service plan was lack signatures of the healthcare or human service professional and Tenant #6 or Tenant #6's legal representative as applicable. 7. When interviewed on 6/19/24 at 9:33 a.m. the Community Director confirmed all service plans were provided for the tenants reviewed.	A 390		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 43	A 430		

referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete nurse reviews with a change in health status. This pertained to 2 of 2 tenants reviewed with ordered treatments for skin (Tenant #1 and Tenant #5). Findings follow:

1. Record review on 6/17/24 to 6/19/24 of Tenant #1's file revealed Progress Notes indicated the following:

-On 11/9/23 it was noted staff entered Tenant #1's apartment for 10:00 p.m. rounds and observed her laying on the floor. She was bleeding from her lower left leg and head. It appeared she rolled out of bed, hit her head on the table, which caused the laceration on the left side of her forehead. Tenant #1's leg seemed to be under the bed and when she moved it got caught in the bedframe (metal by the wheel of the bed). There was blood and tissue on the area of the bedframe. She was taken to the hospital via ambulance.

-On 11/14/23 it was noted Tenant #1 returned back to the Program. Her leg was wrapped and was ordered to changed in three days. She had a bunion that was treated prior to her hospitalization that was not completed while she was hospitalized. She returned with a wound to the right foot, it was red, warm and it was painful for her to stand. She would use a wheelchair for long distances.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 44	A 430		

-On 11/15/23 it was noted orders were received to apply Mepilex to the right foot, change every three days and apply betadine as ordered. Cephalexin 500 milligram (mg), take two capsules, twice daily for 10 days was ordered. Tramadol 50 mg twice daily as needed for 30 days was ordered.

-On 11/15/23 it was noted a podiatry visit was completed and a triple antibiotic ointment was applied to the wound bed and covered with Mepilex. It was ordered to restart betadine as ordered tomorrow and cover with a Mepilex foam border.

-On 11/17/23 it was noted the left lower leg wound was changed. The area was cleansed with normal saline (NS), Aquacel AG was applied to the open area, it was covered with adaptic and ABD and secured with Kling wrap. The Mepilex dressing was applied to the left medial foot. Betadine was applied to the right bunion wound and it was covered with Mepilex. The daily betadine to the wound was being completed. The note was completed by the Assistant Healthcare Coordinator.

-On 11/20/23 (late entry) it was noted the dressing change to the left lower leg and left foot wound were completed. The lower left leg was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. Mepilex dressing was also applied to the left medial foot wound and betadine was applied to the right bunion wound and it was covered. It was noted twice daily betadine was applied to the wound. The note was completed by the Assistant Healthcare Coordinator.

-On 11/22/23 (late entry) it was noted Tenant #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 45	A 430		

removed the dressing on her left lower leg and she was attempting to remove the staples. The wound cleaned with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/23/23 (late entry) it was noted staff reported Tenant #1's dressing was saturated. Her dressing had been removed and the ABD pads were not under the Kling gauze. Tenant #1 said she removed it as it was itching. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/25/23 (late entry) it was noted staff reported Tenant #1's dressing was saturated and loose. The wound was cleansed with NS, Aquacel AG was applied, it was covered with adaptic and ABD and secured with Kling wrap. The note was completed by the Assistant Healthcare Coordinator.

-On 11/27/23 (late entry) it was noted Tenant #1 had removed part of the dressing and the wound was dressing again. It was noted the wound had thicker drainage and purulent without an odor. She cleansed the wound, covered the open areas with Aquacel AG and covered it Adaptic. The lower left leg was wrapped with rolled gauze and secured with tape. A message was left for the wound nurse to call back and the primary care provider (PCP) was updated on the found.

-On 11/28/23 it was noted the orthopedic department at the hospital was informed of the changes in the lower left leg wound. She had an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 46	A 430		

appointment tomorrow but it was noted she needed to been today and the nurse agreed. The provider could see Tenant #1 now and transportation was available.

-On 11/28/23 it was noted Tenant #1 had surgery on 11/30/23 to wash out the wound.

-On 11/30/23 it was noted Tenant #1 had surgery today for the lower left leg wound, she was admitted and a wound vac was applied to the wound.

-On 12/19/23 it was noted Tenant #1 returned from the hospital. A home health agency would be coming out twice per week to complete dressing changes for the wound vac and the wound on the posterior ankle. Tenant #1's family was responsible for the wound vac if there were any issues.

-6/13/24 it was noted Tenant #1 was had an appointment, she had increased edema in her legs. New orders were received including for cephalexin 500 mg, three times daily for seven days for cellulitis of the right leg. Wound care was managed by the wound clinic and her family.

Continued record review revealed a Clinical Summary document, hospital discharge summary (11/14/23) revealed orders including:

-Wound #1 the right medial 1st metatarsal wound, apply betadine twice daily.

-Wound #2 anterior left lower leg, cleanse with NS, apply Aquacel AG to open area, cover with adaptic and then ABD, secure with Kling wrap and change every three days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 47	A 430		

-Wound #3 gluteal fold fissure, apply barrier cream as needed

-Wound #4 lateral left medial foot, deep tissue injury, maintain foam border, change every three days. Also maintain multi podus boots to bilateral feet to prevent redness to bilateral heels.

Further record review revealed a Physician's Report/Orders document dated 11/15/23 indicated the reason for the visit was the right foot bunion and orders were received to apply Mepilex and change every three days and as needed to right foot, cephalexin 500 mg two capsules twice daily for 10 days and Tramadol 50 mg, twice daily as needed for 30 days.

Continued record review revealed the Clinical Summary (discharge summary from the hospital) dated 12/19/23 indicated the following orders:

-The transfer diet was regular with a high calorie/high protein supplement three times daily

-Physical therapy and occupational therapy consults

-Wound #1, leg leg wound, a wound vac would be completed by HHA an family as a backup.

-Wound #2, left leg wound, a deep tissue injury to the left Achilles, cleanse area with Vasche, apply Aquacel AG to the wound bed, cover with gauze and secure with Kling twice per week and as needed. Keep heels and left Achilles off of the bed at all times using pillows or multi podus boots. Ensure heels and feet were not pressed up against or resting against anything hard.

Continued record review of Tenant #1's file

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 48	A 430		

revealed comprehensive evaluations were completed dated 11/14/23) post hospitalization and then on 1/6/24, which was noted an an annual evaluation. The Comprehensive Assessment dated 1/6/24 indicated she had a bunion on the right foot and right 2nd toe pad. It was noted she had a history of cellulitis to these areas. It also noted she a wound on the left lower front of her leg, she had a wound vac and HHA cared for the wound. Nurse reviews were completed dated 3/11/24 and 6/9/24. The 90 day nurse review dated 3/11/24 indicated Tenant #1 had a wound on the right lower leg that was managed by home health. The 90 day nurse review dated 6/9/24 indicated. The wound on the right lower leg was healed. No other nurse reviews were completed related to Tenant #1's wounds from November to the time of investigation. The file did not contain any documented assessments of the wounds except for those noted above, which referenced the wound; however, did not document an assessment of the wound. Nurse reviews were not completed as needed with changes in Tenant #1's wounds.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #1 moved in and fell within two days of being there. She sustained a wound to her left and went to the hospital. Tenant #1 returned and she completed the dressing for the leg wound. Her wound started to not look very good and she had appointment. They ended up opening it up and placing a wound vac and she was hospitalized for quite awhile. She returned and HHA completed the wound vac care until 4/1/24 when Tenant #1's family began to provide the care. She last saw Tenant #1's wound in April and it was a beefy red wound. She said Tenant #1's family provided

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 49	A 430		

updates on what family is seeing with the wound.

2. Record review on 6/17/24 to 6/19/24 of Tenant #5's file revealed Progress Notes indicated the following:

-On 1/4/24 it was noted new orders were received including Zyrtec 10 mg by mouth daily for itching.

-On 2/14/24 it was noted Tenant #5's pain caused him to become aggressive. He was prescribed Tramadol 50 mg, take one tablet, every six hours as needed. He was also itching his arms and legs a lot. He would scratch them until they bled. Cervave lotion was recommended.

-On 3/29/24 it was noted the PCP rounded and Tenant #5 had complaints of itching. An order was received for cetirizine 5 mg, daily for itching.

-On 4/17/24 it was noted the PCP rounded and a follow up was completed related to the itchy skin. Tenant #5 continued to itch his arms and leg. Cetirizine was started in March and there was no improvement. Recommendations included to discontinue cetirizine, apply CeraVe to legs and arms daily after showers and apply Silvadene cream to leg scabs and ulcers daily for 30 days.

Continued record review revealed an Encounter-Office visit note dated 5/15/24 indicated he continued to have an macular papular excoriated rash on his legs and distal upper extremities. An order was received for Triamcinalone cream for dermatitis.

An Encounter-Telephone Encounter dated 5/24/24 indicated time was spent messaging with Program staff and Tenant #5 had a history of significant itching and stasis dermatitis, he had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 50	A 430		

current cellulitis on this legs. He had a sore that was about 1 to 1 and half inches with surrounding erythema and was warm to touch. Nursing staff was concerned there was an infection. An order was received for cephalexin 500 mg, take by mouth every 12 hours for 10 days for cellulitis.

When interviewed on 6/17/24 at 3:14 p.m. Staff C said Tenant #5 had been violent at night and had outbursts. There were no injuries. She said he was covered in scabs, scratched his arms and legs and it was all over. She said it was getting bad and it had been going on for three months. She said he was bleeding all over the place. There was blood from the open wounds.

When interviewed on 6/18/24 at 12:50 p.m. Staff D said Tenant #5 was constantly itching. There was a lotion staff put on him. He itched until he bled.

When interviewed on 6/19/24 at 11:10 a.m. the Assistant Healthcare Coordinator said Tenant #5 had a lotion to be applied to his arms and legs. The itching started about three months ago. He had scabs and had open area on his left lower leg and was on an antibiotic. She said regarding infection control, staff have him wash his hands before he comes out and take care it right away.

When interviewed on 6/19/24 at 10:26 a.m. the Healthcare Coordinator said Tenant #5 had itching and the last time the PCP indicated it was likely eczema and he was prescribed CeraVe cream. There was a area about the size of a quarter on his leg that was open. The PCP was contacted that morning and was informed the cream was not helping. She said it was not a rash but looked like very dry skin and was on his arms and legs. Staff tried to get him to wash his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 06/19/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 430	Continued From page 51 hands and wiped off the tables. Continued record review revealed a Comprehensive Assessment was dated 10/11/23. 90 day nurse reviews were dated 1/17/24 and 4/16/24. The 90 day review dated 1/17/24 did not reference the itching. The 90 day review dated 4/16/24 indicated he had been itching his arms and legs to the point of bleeding. Cetirizine was started and did not help. Silvadene cream and CeraVe were started and they switched his soap to a sensitive soap brand. No other nurse reviews were completed related to Tenant #5's constant itching and bleeding skin from January until the time of the investigation. The file did not contain any documented assessments of the skin except for those noted above.. Nurse reviews were not completed as needed with changes in Tenant #5's itchy skin, bleeding, scabs and open area. 3. When interviewed on 6/19/24 at 9:33 a.m. the Community Director confirmed all nurse reviews for the tenants reviewed were provided.	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Country Meadow Place	DATE SURVEY COMPLETED: **6/19/2024**

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**Regulation and Reg Number** 481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. Based on interview and record review the program failed to follow its policy and procedures related to medication administration. This pertained to tenants reviewed 1 of 6 tenants reviewed (Tenants #1).	**Tag # A 150**	**What initial correction was made?** All employees will receive retraining on following the program's policies and procedures by 9/30/2024. Coordinator staff will receive re-training on program policies and procedures in relation to their departments by 9/30/2024. Tenants #1: Expired on 8/16/2024	**How will we ensure and maintain compliance going forward?** Training on Program Policies and Procedures will occur twice a year for all staff. The director and/or designee will complete weekly, monthly, quarterly, as needed audits to ensure program policies and procedures are being followed.	**Implementation Date:** 6/19/2024 **Completion Date:** On going **Responsible Party:** Director, Nurse, Designee
Tag #2	**Regulation and Reg Number** 481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following:	**Tag # A 285**	**What initial correction was made?** Education provided to the community nurses regarding all medical orders being entered into the appropriate residents EMAR –in their electronic health record (EHR)., noting of orders, and	**How will we ensure and maintain compliance going forward?** All medical orders will be entered into the appropriate residents EMAR –in their electronic health record (EHR).	**Implementation Date:** 6/19/2024 **Completion Date:** On going

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	f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer treatments as ordered. This pertained to 2 of 5 tenants reviewed that had medications managed by the Program (Tenant #1 and Tenant #3).		implementation of orders as appropriate by 6/30/2024. Tenants #1: Expired on 8/16/2024 Tenant #3: Resident has current order for alcoholic drink as needed, not to exceed 14 oz. In 24 hours (two 7 oz. Glasses of wine) added to the residents service plan 6/23/2024.	The community nurse or designee will review new orders and ensure that orders are noted and implemented as appropriate. A nurse will review new orders as received and ensure that they are correctly entered into EMAR. A nurse will also review to ensure that orders are being implemented correctly and provide training as needed. The Community Nurse or Designee will monitor that all orders are processed, implemented and noted accordingly daily, weekly, monthly, as needed, as determined by the Nurse or designee.	**Responsible Party:** Director, Nurse, Designee
Tag#3	**Regulation and Reg Number** 481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service	**Tag # A 145**	**What initial correction was made?** HCC will complete the COC & GDS assessments, ISP for any resident that has a significant change in condition. ISP's will be reviewed with Resident/Responsible Party as appropriate. Community Nurses will make 3 attempts to obtain signatures on ISP's from the Resident/Responsible Party as appropriate and document each attempt as appropriate.	**How will we ensure and maintain compliance going forward?** Director, Nurse, or Designee will review comprehensive assessments, along with updated ISP's to ensure that all necessary assessments and service plans are completed.	**Implementation Date:** 6/19/2024 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

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	professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 3 of 6 tenants reviewed (Tenants #1, #3 and #5).		Tenant #1: Resident passed away on 8/16/2024. Tenant #3: A Change of Condition assessment was completed for Tenant #3 that reflects alcohol consumption and sexual relationships with male tenants. Tenant #5: Resident expired on 9/3/2024.		
Tag#4	**Regulation and Reg Number** 481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.	**Tag# A 350**	**What initial correction was made?** HCC will complete the COC & GDS assessments, ISP for any resident that has a significant change in condition. ISP's will be reviewed with Resident/Responsible Party as appropriate. Community Nurses will make 3 attempts to obtain signatures on ISP's from the Resident/Responsible Party as appropriate and document each attempt as appropriate. Tenant #1: Expired on 8/16/2024	**How will we ensure and maintain compliance going forward?** Director, Nurse, or Designee will review comprehensive assessments, along with updated ISP's to ensure that all necessary assessments and service plans are completed.	**Implementation Date**: 6/19/2024 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or designee

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	This REQUIREMENT is not met as evidenced by: Based on interview and records review the Program failed to develop service plans based on evaluations, failed to update service plans as needed and at least annually, and failed to have service plans reflect the service needs of the tenants. This pertained to six of six tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6).		Tenant #2: ISP was updated to reflect sexual activities with female tenant on 7/4/2024. Tenant #3: COC, GDS and signed ISP were completed on 6/25/2024 and uploaded to tenant's file. Service plan reflects use of alcohol and sexual activities with male tenants. Tenant #4: ISP was updated to reflect sexual activities with female tenant on 8/11/2024. Tenant #5: Resident Expired on 9/3/2024 Tenant #6: ISP was updated to reflect current preferences on 8/29/2024.		
Tag #5	**Regulation and Reg Number** 481-69.26(3)e Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30-days of the tenant's occupancy and as needed with significant change, but not less than annually.	**Tag # A 390**	**What initial correction was made?** Tenant #1: Resident expired on 8/16/2024 Tenant #2: COC, GDS and signed ISP were completed on 7/2/2024. Resident's guardian refused to sign ISP. The Guardian's refusal was documented in the resident's file. A total of 3 attempts were made to obtain signature, documentation of these attempts in Resident's EHR.	**How will we ensure and maintain compliance going forward?** Director, Nurse, or Designee will review comprehensive assessments, along with updated ISP's to ensure that all necessary assessments and service plans are completed.	**Implementation Date:** 6/19/2024 **Completion Date:** On going **Responsible Party:** Director, Nurse, Designee

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	e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain signed service plans annually. This pertained to 6 of 6 tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6).		Tenant #3: COC, GDS and signed ISP were completed on 6/25/2024 and uploaded to tenant's file. Tenant #4: COC, GDS and signed ISP were completed on 10/5/2023 and uploaded to tenant's file. Tenant #5: Resident expired on 9/3/2024 Tenant #6: COC, GDS and signed ISP were completed on 9/6/2024 and uploaded to tenant's file.		
Tag #5	**Regulation and Reg Number** 481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	**Tag # A430**	**What initial correction was made?** Tenant #1: Resident expired on 8/16/2024 Tenant #5: Resident expired on 9/3/2024	**How will we ensure and maintain compliance going forward?** Director, Nurse, or Designee will review comprehensive assessments, along with updated ISP's to ensure that all necessary assessments and service plans are completed.	**Implementation Date:** 6/19/2024 **Completion Date:** On going **Responsible Party:** Director, Nurse, Designee

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	This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews with a change in health status. This pertained to 2 of 2 tenants reviewed with ordered treatments for skin (Tenant #1 and Tenant #5).				

Compliance Date:___9/30/2024_____

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